

PUPIL ADMISSION DETAIL TO LLANWERN HIGH SCHOOL

CONFIDENTIAL

1 SURNAME _____
FIRST FORENAME _____ OTHER FORENAMES _____
ADDRESS _____
_____ POST CODE _____
Date of Birth _____ Sex (Male / Female) _____
REG. GROUP _____ COLEG: _____

2 NAME OF PARENTS/GUARDIANS

MOTHER _____	FATHER _____
ADDRESS _____ _____ _____	ADDRESS _____ (if different) _____ _____
Tel No (home) _____	Tel No (home) _____
Mobile _____	Mobile _____
Work _____	Work _____
E-Mail _____	E-Mail _____

3 EMERGENCY CONTACT
(PLEASE GIVE DETAILS BELOW OF TWO PERSONS WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY WHEN THE PARENT/GUARDIAN IS UNAVAILABLE)

NAME _____	NAME _____
ADDRESS _____ _____ _____	ADDRESS _____ _____ _____
Tel No _____	Tel No _____
Relationship to Pupil _____	Relationship to Pupil _____

4 PUPIL'S DOCTOR

NAME _____ ADDRESS _____

5 MEDICAL CONDITIONS (if any) _____

6 FREE SCHOOL MEAL ENTITLEMENT YES / NO PROOF OF ENTITLEMENT YES / NO

7 NAME OF PREVIOUS SCHOOL _____

8 REASON FOR CHANGE OF SCHOOL _____

9 CAN YOUR CHILD SPEAK WELSH? YES / NO
(If no, there is no need to answer questions 10 to 11)

10 FLUENCY IN WELSH **(only to be answered if you have answered Yes to question 9)**
Which of the following best describes your child's fluency in Welsh? (Please tick the relevant option)

Speaks Welsh fluently Speaks Welsh, but not fluently

11 SPEAKING WELSH AT HOME WITH PARENTS OR GUARDIANS **(only to be answered if you answered Yes to question 9)**
Which of the following best describes the use of Welsh Language by your child at home? (Please tick relevant box)

Speaks Welsh with one parent or guardian only
Speaks Welsh with both parents or guardians
Speak Welsh in the home with his/her siblings?

12 Is any language other than English or Welsh the spoken language at home? YES / NO

If yes, please enter language _____

13 ANY OTHER RELEVANT INFORMATION

14 SIGNATURE OF PARENT/GUARDIAN

_____ DATE _____

STAFF SIGNATURE _____ DATE _____

Section A: National Identity

Please tick **ONE** box only and indicate who provided the information below (pupil or parent)

Welsh	<input type="checkbox"/>
English	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Irish	<input type="checkbox"/>
British	<input type="checkbox"/>
Other (please specify): _____	
I do not wish a national identity to be recorded	<input type="checkbox"/>

This information was provided by:			
Parent	<input type="checkbox"/>	Pupil	<input type="checkbox"/>

Section B: Ethnic Background (extended categories)

Please tick **ONE** box only and indicate who provided the information below (pupil or parent)

(a) White			
White – British	<input type="checkbox"/>	Kosovan	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Latvian	<input type="checkbox"/>
'New' Traveller	<input type="checkbox"/>	Lithuanian	<input type="checkbox"/>
Occupational Traveller	<input type="checkbox"/>	Maltese	<input type="checkbox"/>
Other Traveller	<input type="checkbox"/>	Montenegrin	<input type="checkbox"/>
British Gypsy/ Gypsy Roma	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Gypsy/Gypsy Roma from Other Countries	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Other Gypsy/Gypsy Roma	<input type="checkbox"/>	Romanian	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Bosnian-Herzegovinian	<input type="checkbox"/>	Scandinavian	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>	Serbian	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	Slovakian	<input type="checkbox"/>
Czech	<input type="checkbox"/>	Slovenian	<input type="checkbox"/>
French	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
German	<input type="checkbox"/>	Turkish/Turkish Cypriot	<input type="checkbox"/>
Greek/Greek Cypriot	<input type="checkbox"/>	Ukrainian	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>	White European Other	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Other White	<input type="checkbox"/>

(b) Mixed	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
White and Chinese	<input type="checkbox"/>
White and Any Other Ethnic Group	<input type="checkbox"/>
Asian and Black	<input type="checkbox"/>
Asian and Chinese	<input type="checkbox"/>
Asian and Any Other Ethnic Group	<input type="checkbox"/>
Black and Chinese	<input type="checkbox"/>
Black and Any Other Ethnic Group	<input type="checkbox"/>
Chinese and Any Other Ethnic Group	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>

(c) Asian or Asian British	
Indian	<input type="checkbox"/>
Mirpuri Pakistani	<input type="checkbox"/>
Other Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
African Asian	<input type="checkbox"/>
Kashmiri	<input type="checkbox"/>
Nepali	<input type="checkbox"/>
Sinhalese	<input type="checkbox"/>
Sri Lankan Tamil	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>

(d) Black or Black British	
Caribbean	<input type="checkbox"/>
Ghanaian	<input type="checkbox"/>
Nigerian	<input type="checkbox"/>
Sierra Leonian	<input type="checkbox"/>
Somali	<input type="checkbox"/>
Sudanese	<input type="checkbox"/>
Other Black African	<input type="checkbox"/>
Black European	<input type="checkbox"/>
Black North American	<input type="checkbox"/>
Other Black	<input type="checkbox"/>

(e) Chinese or Chinese British	
Hong Kong Chinese	<input type="checkbox"/>
Malaysian Chinese	<input type="checkbox"/>
Singaporean Chinese	<input type="checkbox"/>
Taiwanese	<input type="checkbox"/>
Other Chinese	<input type="checkbox"/>

(f) Any other ethnic background			
Afganistani	<input type="checkbox"/>	Libyan	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Lebanese	<input type="checkbox"/>
Egyptian	<input type="checkbox"/>	Malay	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Moroccan	<input type="checkbox"/>
Irani	<input type="checkbox"/>	Polynesian	<input type="checkbox"/>
Iraqi	<input type="checkbox"/>	Thai	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Korean	<input type="checkbox"/>	Yemeni	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Latin/South/Central American	<input type="checkbox"/>		

I do not wish an ethnic background to be recorded

This information was provided by:			
Parent	<input type="checkbox"/>	Pupil	<input type="checkbox"/>